



## Commonwealth of Virginia

### Culpeper County Health Department Temporary Food Service Application

640 Laurel Street  
Culpeper, Virginia 22701  
Phone: 540-829-7466 Fax: 540-829-7492

Establishment's Name:	Person in Charge:	Date of Application:
Contact Person:	Phone:	Cell Phone:
E-Mail Address:	Fax:	
Mailing Address:		
Event Name:		
Event Location:		
Date(s) and time of Operation:		
Time/Date Ready for Inspection:		
Food Safety Credentials and Date Expiration: <a href="http://www.Servsafe.com">www.Servsafe.com</a> ; <a href="http://www.nrfsp.com">www.nrfsp.com</a> ; <a href="http://www.prometric.com">www.prometric.com</a>		

#### Type of Food Facility (Please check) (Overhead coverage required over food prep areas) (Approved groundcover; public access restricted)

<input type="checkbox"/> Beverage Wagon	<input type="checkbox"/> Booth
<input type="checkbox"/> Tent	<input type="checkbox"/> Push Cart
<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Other

**Vendor Fee** - \$40 per event to a maximum of \$40 a year (include a copy of receipt with application).  
**APPLICATION SHALL BE SUBMITTED TEN DAYS PRIOR TO THE EVENT**

**SEE OTHER SIDE →**

**Water Supply (Please Check)**

Source of Water Supply:       Bottled       Public       Private Well (**Water sample results required**)

**Wastewater Disposal/ Refuse Disposal (Describe)**

Liquid Waste Disposal: \_\_\_\_\_ Grease Disposal: \_\_\_\_\_ Garbage/Trash Disposal: \_\_\_\_\_

**Food Flow**

LIST INDIVIDUAL FOODS	FOOD SOURCE	PREPARATION STEPS: (no home preparation of food)								Leftovers
		Thaw	Prep.	Cook	Hot Hold	Cold Hold	Cool	Re Heat	Transport	
Example: <i>BBQ</i>	<i>Cosco</i>		X	X	X		X	X		<i>Cold Hold</i>

**Temporary Food Facility Components (Please check)**

HANDWASHING (Water dispenser)	CONDIMENTS SERVED	THREE BASIN WAREWASHING (wash/ rinse/ sanitize)	SANITIZER <i>Test Strips Required</i>
<input type="checkbox"/> Soap <input type="checkbox"/> Catch basin <input type="checkbox"/> Paper towels	<input type="checkbox"/> Mustard <input type="checkbox"/> Salt & Pepper <input type="checkbox"/> Catsup <input type="checkbox"/> Other _____	<input type="checkbox"/> Three basin sink <input type="checkbox"/> Three individual pans	<input type="checkbox"/> Bleach <input type="checkbox"/> Test strips <input type="checkbox"/> Quat <input type="checkbox"/> Test strips

FOOD HANDLING (Ready to Eat)	WIPING CLOTHS	COLD HOLD / 41 degrees maximum
<input type="checkbox"/> Single use gloves <input type="checkbox"/> Tongs <input type="checkbox"/> Food grade paper	<input type="checkbox"/> Disposable sanitizing cloths <input type="checkbox"/> Wet cloths stored in sanitizing solution	<input type="checkbox"/> Refrigerator with thermometer <input type="checkbox"/> Cooler with ice, drained in catch basin

EQUIPMENT	<input type="checkbox"/> Food thermometer	<input type="checkbox"/> Gas grill	<input type="checkbox"/> Deep fat fryer	<input type="checkbox"/> Steam table	<input type="checkbox"/> Other
<input type="checkbox"/> Cutting board	<input type="checkbox"/> Charcoal grill	<input type="checkbox"/> Microwave	<input type="checkbox"/> Crock pot	<input type="checkbox"/> Heat lamp	
<input type="checkbox"/> Food prep table	<input type="checkbox"/> Smoker	<input type="checkbox"/> Hot plate			

I/We understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to inspect the facility at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of applicant or person authorized by applicant attesting to the accuracy of this application.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_